



# Bernalillo County Housing Department

1900 Bridge Blvd., SW  
Albuquerque, New Mexico 87105  
(505) 314-0200  
Fax (505) 462-9737



**DO YOU LIVE IN THE UNINCORPORATED AREAS  
OF BERNALILLO COUNTY AND HAVE A  
RESIDENCE THAT IS IN NEED OF REPAIR**

Then contact the

**BERNALILLO COUNTY HOUSING DEPARTMENT**

And ask about our

**HOME REHABILITATION PROGRAM**

The Bernalillo County Housing Department is accepting applications for its Owner-Occupied Rehabilitation Program.

Application packets can be picked up at 1900 Bridge Blvd., SW, Albuquerque, New Mexico or by visiting our website at [www.bernco.gov](http://www.bernco.gov)

In order to participate in this program, applicants must provide **COPIES** of the following documentation when they submit their applications.

1. Proof of permanent residency (Electric or Gas Bill)
2. Property Tax Bill (Unincorporated Bernalillo County)
3. Proof of Ownership (Deed)
4. Family Income Verification (Check Stubs – Award Letter, etc.)
5. Current bank statement

Applicants will be placed on the waiting list on a first come, first serve basis. No incomplete applications will be accepted.

For further information please contact **MARK GARCIA** at (505) 314-0208 or **PATRIZE LUCERO** at (505) 314-0226.



## BERNALILLO COUNTY HOUSING DEPARTMENT'S HOMEOWNERS REHABILITATION PROGRAM

The information collected below will be used to determine whether you qualify for the Bernalillo County Home Rehabilitation Program. It will not be disclosed without your consent except to your employer(s) for verification of income and employment information to financial institutions for verification of assets and as required and permitted by law. You do not have to provide the information, but if you fail to do so, your application may be delayed or rejected.

<b>1. Applicant's Name</b>	Date of Birth	Social Security No.	Home Phone (     )
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2. Street Address	City	State	Zip Code	No. of Years at Present Address
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3. Former Street Address (if at present address is less than 2 years)	City	State	Zip Code	No. of Years at Former Address
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4. Names of Other Household Members
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5. Name and Address of Employer	Type of Business	Self-Employed? ___ Yes ___ No
Business Phone Number	Position/Title	No. of Years on Job  Years in the line of work

6. Name and Address of Previous Employer (if employed at present position less than 2 yrs)	No. of Years on Job	Business Phone # (     )
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<b>1. Co-Applicant's Name</b>	Date of Birth	Social Security No.	Home Phone (     )
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2. Street Address	City	State	Zip Code	No. of Years at Present Address
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3. Former Street Address (if at present address is less than 2 years)	City	State	Zip Code	No. of Years at Former Address
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4. Name and Address of Employer	Type of Business	Self-Employed? ___ Yes ___ No
Business Phone Number	Position/Title	No. of Years on Job  Years in the line of work

5. Name and Address of Previous Employer (if employed at present position less than 2 yrs)	No. of Years on Job	Business Phone # (     )
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**ANNUAL INCOME**

Source	Applicant	Co-Applicant	Other Household Member 18 Years or Older	Total
Salary				
Overtime Pay				
Commissions				
Fees				
Tips				
Bonuses				
Interest and /or Dividends				
Net Income from Business				
Net Rental Income				
Social Security, Pensions, Retirement Funds etc., Received Periodically				
Unemployment Benefits				
Workers Compensation, etc.				
Alimony, Child Support				
Welfare Payments				
Other:				
				TOTAL: _____

**ASSETS**

Assets	Cash Value	Income from Assets	Institution	Account Number
Checking Account				
Savings				
Credit Union				
Mutual Funds				
Stocks/Bonds				
Other?				



## **HOUSEHOLD COMPOSITION**

List the head of household and all members who live in your home. Give the relationship of each family member to the head.

Member No.	Full Name	Relationship	Date of Birth	Social Security No.
Head of Household				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Does anyone live with you now who is not listed above?

\_\_\_\_\_Yes

\_\_\_\_\_No

Does anyone plan to live with you in the future who is not listed above?

\_\_\_\_\_Yes

\_\_\_\_\_No

Please explain if you answered "Yes" to either question above. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The information provided above is true and complete to the best of my/our knowledge and belief. I/we consent to the disclosure of income and financial information from my/our employer and financial references for the purposes of income and asset verification related to my/our application for assistance.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date



## Certification of Assets

I/We certify that during the 2-year (24-month) period preceding the effective date of my certification or recertification from program participation, I/we \_\_\_\_\_

(borrower(s) name(s) have ☐ have not ☐ disposed of more than \$1,000 in asset(s) for less than the fair market value.

If asset (s) were disposed of for less than fair market value, describe:

Asset	Date of Disposition
1.	
2.	
3.	
4	

Amount received for asset (s) disposed of:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Comments:

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date

